

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE

SAN FRANCISCO, CA 94102-3298



March 12, 2008

A RESPONSE TO THIS NOTICE IS DUE BY April 17, 2008**To: CHCF-B Claimants****Subject: Projected Claims from the CHCF-B Program for Fiscal Year 2009-2010**

The Communications Division is required to annually develop the California High Cost Fund-B (CHCF-B) Fiscal Year (FY) budget. The next budget cycle is for FY 2009-10.

The Commission opened Order Instituting Rulemaking (R.) 06-06-028 to review the CHCF-B program. Decision (D.) 07-09-020 (as modified by D.07-11-039) made changes that increase the threshold and reduce the number of Census Block Groups eligible for claims. The decision also changed the method of calculating claims for the future. Subsequently, D.07-12-054 reduced the surcharge rate by one-half to 0.25%, and instituted the California Advanced Services Fund (CASF). The CASF should not be included in estimates for the CHCF-B.

Therefore, please provide a forecast of the CHCF-B claims that the carrier expects to file for FY 2009-10. Your projection of claims for FY 2009-10 should reflect the changes to the program. The line items on the attached form are the same as those used on the monthly claim form. For each line item, you should be consistent with the methods used in preparing your monthly claim form. Attached is the form to be used for your forecast of the claims on CHCF-B fund for FY 2009-2010 (July 1, 2009 through June 30, 2010).

Please send the form to: CHCF-B Program, Attn: Larry Hirsch, Communications Division, California Public Utilities Commission, 505 Van Ness Ave., San Francisco CA 94102. If you have any questions about this request, the attached form, or other CHCF-B related matters, please contact Larry Hirsch at (415) 703-1575; Fax: (415) 703-4405; e-mail: lah@cpuc.ca.gov.

A handwritten signature in blue ink that reads "Michael C. Amato".

Michael C. Amato, Program Manager
Communications Division

Attachment

**Projected Claims for Fiscal Year 2009-10
for
California High Cost Fund - B
(Excluding CASF)**

Company Name: _____ CPUC #: _____

The following are projected claim amounts for Fiscal Year 2009-10 for reimbursement from the California High Cost Fund-B (CHCF-B). Detailed data files, supporting the reimbursement amounts, are retained by the company and are available to the Commission upon request.

California High Cost Fund B (CHCF-B):

- | | |
|--|-------|
| 1. Gross claim for Fiscal Year 2009-2010 | _____ |
| 2. Offsets: | |
| a. Universal Service Fund | _____ |
| b. Carrier Common Line Charge | _____ |
| 3. Total offsets (Ln 2a + Ln 2b) | _____ |
| 4. Net Claim from the CHCF-B (Ln 1 + Ln 3) | _____ |
| 5. Prior period adjustments | _____ |
| (Please attach detailed explanation) | |
| 6. Net Claim for Fiscal Year 2009-2010 (Ln 4 - Ln 5) | _____ |

I hereby certify that this report, including any accompanying schedules, statements, and data has been examined by me and to the best of my knowledge and belief is true and complete.

Signature: _____

Date: _____

Printed Name: _____

Telephone No.: _____

Title: _____

Address: _____

For CPUC use only

Comments: _____

